

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90093 035 \*\*\*150.00

**DOCUMENT # F00000005736**

1. Entity Name  
CARQUEST AUTO PARTS OF LONGWOOD FL, INC.



Principal Place of Business  
P.O. BOX 26006  
RALEIGH, NC 27611

Mailing Address  
P.O. BOX 26006  
RALEIGH, NC 27611

**14005400**

2. Principal Place of Business  
*2635 Millbrook Rd*  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.



04072004 Chg-P CR2E034 (10/03)

City & State  
*Raleigh NC*  
Zip  
*27604*

City & State  
Zip  
Country

4. FEI Number  
**56-2223406**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LAVRACK, WAYNE D	
STREET ADDRESS	2635 MILLBROOK ROAD	
CITY-ST-ZIP	RALEIGH, NC 27604	
TITLE	V	<input type="checkbox"/> Delete
NAME	KUYKENDALL, WILLIAM D	
STREET ADDRESS	2635 MILLBROOK ROAD	
CITY-ST-ZIP	RALEIGH, NC 27604	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARDNER, JOHN	
STREET ADDRESS	2635 MILLBROOK ROAD	
CITY-ST-ZIP	RALEIGH, NC 27604	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GARRISON, CHARLES E	
STREET ADDRESS	2635 MILLBROOK ROAD	
CITY-ST-ZIP	RALEIGH, NC 27604	
TITLE	T	<input type="checkbox"/> Delete
NAME	GUIRLINGER, RICHARD B	
STREET ADDRESS	2635 MILLBROOK ROAD	
CITY-ST-ZIP	RALEIGH, NC 27604	
TITLE	AS	<input type="checkbox"/> Delete
NAME	JOHNSON, J. HINES III	
STREET ADDRESS	2635 MILLBROOK ROAD	
CITY-ST-ZIP	RALEIGH, NC 27604	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *CA* **CHARLES E. GARRISON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/7/04*

Daytime Phone #